

Effective November 10, 1998

Application or Docket Number

09211268

CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY TYPE		OR	OTHER THAN R SMALL ENTITY	
FOR			NUMBER FILED			NUMBER EXTRA		Γ	RATE	FEE		RATE	FEE
BASIC FEE			•					380.00	OR		760.00		
TOTAL CLAIMS			20	minus 2	20=	*			X\$ 9=		OR	X\$18=	
NDEPENDENT CLAIMS			3	minus	3 =	•			X39=		OR	X78=	
MULTIPLE DEPENDENT CLAIM PRESENT							+130=		OR	+260=			
If the difference in column 1 is less than zero, enter "0" in column 2								_	TOTAL		OR	TOTAL	740
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)									SMALL E	ENTITY	OR	OTHER SMALL	
AMENDMENT A		CLAIN REMAIN AFTE AMENDA	AS AING ER		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	એ	ર	Minus	**	20	= 2		X\$ 9=		OR	X\$18=	
	Independent	• 4		Minus	***		= 1	Γ	X39=		OR	X78=	
_	FIRST PRESE	NTATION	OF ML	ILTIPLE DEF	EN	DENT CLAIM			+130=		OR	+260=	
								· L	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)									ODII. FEE I		•		
AMENDMENT B		CLAIN REMAIN AFTE AMENDI	NING R		P	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•		Minus	**		=		X\$ 9=		OR	X\$18=	17
	Independent	*	<u> </u>	Minus	***		=		X39=		OR	X78=	
-	FIRST PRESE	NIATION	OF MC	JETIPLE DEF	EN	DENT CLAIM		' [+130=		OR	+260=	
											OR	TOTAL ADDIT. FEE	
ADDIT. FEE ADDIT. FEE ADDIT. FEE ADDIT. FEE													
AMENDMENT C		CLAII REMAII AFTE AMENDI	NING R			HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*		Minus			=		X\$ 9=		OR	X\$18=	
	Independent	*	·	Minus	**	<u> </u>	=		X39=		OR	X78=	
_	FIRST PRESE	NTATION	OF MI	JLTIPLE DEF	EN	DENT CLAIM		'	+130=		ÓR	+260=	
••	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **TOTAL ADDIT. FEE **OTAL ADDIT. FEE **TOTAL A												